

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31		1				
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		9				
42	1					
43		1				
44		1				
45		1				
46		1				
47		1				
48		26				
49		11				
50		9				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		13				
52						
53	1					
54		11				
55		9				
56	1					
57		1				
58		1				
59		1				
60		1				
61	1					
62		1				
63	1					
64	1					
65		1				
66	1					
67		1				
68	1					
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		6				
82	1					
83		1				
84		1				
85	1					
86		1				
87	1					
88	1					
89		1				
90		1				
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	15					
TOTAL DEP.	166					
TOTAL CLAIMS	181					